

RECEIVED
U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

2018 JUN -7 AM 9:36

JAMES W. MCCORMACK

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
DIVISION**

By: JAMES W. MCCORMACK CLERK
Rachel DEP CLERK

BY: _____

CASE NO. 5:18-cv-00146-JM-JTK

Jury Trial: ☒ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: Aaron Miller
ADC # 163252

Address: 7500 Corrections Cir. Pine Bluff, AR, 71603

Name of plaintiff: _____
ADC # _____

Address: _____
This case assigned to District Judge Moody

Name of plaintiff: _____
ADC # _____
Kearney

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: Krank el. At.

Position: LPN

Place of employment: Arkansas Dept. Corrections Pine Bluff Unit

Address: 891 Freeline Dr. Pine Bluff, AR, 71603

Name of defendant: Correct Care Solutions el. At.

Position: Pine Bluff Unit.

Place of employment: Arkansas Dept. Corrections Pine Bluff unit

Address: 890 Freeline Drive Pine Bluff Arkansas 71603

Name of defendant: Arkansas Dept. Corrections Pine Bluff unit

Position: Pine Bluff unit

Place of employment: State of Arkansas

Address: 890 Freeline Drive Pine Bluff ARKANSAS 71603

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No X

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county): _____

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: Barbara Ester Unit
7500 Corrections Circle, Pine Bluff, AR, 71603

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

_____ in jail and still awaiting trial on pending criminal charges

X serving a sentence as a result of a judgment of conviction

_____ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes X No _____

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes X No

If not, why? _____

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Denied me Medical treatment and I have all Paper work Backing my Claim. I Was Cruel and Unusually Punished by being made to Suffer in unnesesary Pain. Also Was Accused OF Being under the Influence OF an Intoxicant. Passed All Drug screens. Also feel the infirmary was in reckless endangerment with my life.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to Be Compensated ^{\$}~~100~~500,000
Plus Be Provided Medical treatment
for said Problems or As Law Allows.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 23 day of May, 2018.



Signature(s) of plaintiff(s)